FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

5 2006

3235-0076

OMB Number:

April 30, 2008

Expires:

Estimated average burden hours per response......16.00

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) Convertible Loan Financing | 06060880 |
|--|--------------------------|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment | ULOE |
| A. BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) PodBridge, Inc. (f.k.a. "AudioFeast, Inc.") | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 7 Telephone Numb R2 Pioneer Way, Suite 101, Mountain View, CA 94041 | er (Including Area Code) |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Numb | er (Including Area Code) |
| Brief Description of Business Internet radio service for MP3 players | NOV 69 anas |
| Type of Business Organization corporation | THOMSON ENANCIAL |
| Actual or Estimated Date of Incorporation or Organization: Month Year | Estimated |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State: CN for Canada; FN for other foreign jurisdiction) D E | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

| A. BASIC IDENTIFICATION DATA | |
|--|---|
| Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. | · |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) | |
| Dalal, Yogen | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| c/o Mayfield Partners, 2800 Sand Hill Road, Menlo Park, CA 94025 | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) | |
| Gross, Irwin | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| c/o Worldview Technology Partners, 435 Tasso Street, Palo Alto, CA 94301 | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) | |
| Murgesh, Navar | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| c/o PodBridge, Inc., 82 Pioneer Way, Suite 101, Mountain View, CA 94041 | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) | |
| Schorsch, Keith | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 725 14 th Ave. #E, Seattle, WA 98112 | |
| Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) | |
| Taylor, Philip | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| 535 Cowper Street, 2 nd Floor, Palo Alto, CA 94301 | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) | |
| Thirumalai, Madhayan | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| с/o PodBridge, Inc., 82 Pioneer Way, Suite 101, Mountain View, СА 94041 | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) | |
| Mayfield Partners and affiliated funds | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| 2800 Sand Hill Road, Menlo Park, CA 94025 | |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary) | |

| A. BASIC IDENTIFICATION DATA | |
|---|-----|
| Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. | er; |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) | |
| Worldview Technology Partners and affiliated funds | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| 435 Tasso Street, Palo Alto, CA 94301 | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) | |
| Goffin, Michel | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| 19536 44th Ave. NE, Lake Forest Park, WA 98155 | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) | |
| Carhart, Thomas | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 745 Windsor Drive, Menlo Park, CA 94025 | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or | |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary) | |

| | | | | В. | INFOR | MATION A | ABOUT OF | FERING | | | | |
|--|-------------------------------------|------------------------------|-----------------|---|---------------|----------------|---|---------------------|--------|---|--------------|--------------|
| 1. Has t | he issuer sold, | or does the in | ssuer intend t | o sell to no | n-accredited | investors in t | his offering? | • | | | Yes | No ⊠ |
| 1. 11d5 t | ne issuel Sulu, | or does the fi | IIICHU I | | | | | ınder ULOE. | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | <u> </u> |
| 2. What | is the minimu | m investmen | t that will be | | | | _ | | | | s | N/A |
| 3. Does | the offering of | ermit ioint ov | vnership of a | single unit? | | | | | | | Yes ⊠ | No |
| Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or simil | | | | | | | | | | | _ | |
| | neration for sol n or agent of a | • | | | | | • | • | | | | |
| than i | five (5) persons | | _ | | | | | | | | | |
| | r only. (Last name fir | st, if individu | ıal) | | | | | | | | | |
| Bi. | B - i d 4 - | Ideaga (Niver) | an and Stage | Cie. Cieta | Zin Cada) | | | | | | | |
| Business o | r Residence Ad | idiess (Numi | ser and Siree | i, Chy, State | , zip Code) | | | | | | | |
| Name of A | ssociated Brok | er or Dealer | | | | | | | 1 | | | |
| States in W | /hich Person L | isted Has So | licited or Inte | ends to Solic | it Purchasers | | | | | | | |
| (Check | "All States" or | check indivi | duals States) | | | | *************************************** | | | | □ A | Il States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [11.] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [[MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [ОН] | [OK] | {OR} | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Eull Massa | (I ast 6- | . :F:=ai:a. | .=1) | | | | | | | | | |
| run Name | (Last name fir | st, ii inaiviat | 141) | | | | | | | | | |
| Business o | r Residence Ad | idress (Numl | per and Stree | t, City, State | , Zip Code) | | | | | | | |
| Name of A | ssociated Brol | er or Dealer | | | | · | • | | | | | |
| | | | | | | | | | | | | |
| | hich Person L | | | | | | | | | | | |
| (Check | "All States" or | check indivi | duals States) | *************************************** | | , | ., | ******************* | | | ∐ A | ll States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [1D] |
| [IL] | [N] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [[MA] | · [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Name | (Last name fir | st, if individu | ıal) | | | | | | | | | |
| Business o | r Residence Ac | idress (Numi | per and Stree | t, City, State | , Zip Code) | | | | | | | |
| Name of A | ssociated Brok | er or Dealer | | | | | | | | | | |
| ruine of ri | 330014(04 1510) | cer or iscarci | | | | | | | | | · | |
| | | | licited or Inte | nds to Solic | | | | | | | _ | |
| | /hich Person L | | | | | | | | | | | Il States |
| (Check | "All States" or | check indivi | · | | | | | | | | | |
| (Check | "All States" or [AK] | check indivi | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| (Check [AL] [IL] | "All States" or [AK] [IN] | check indivi [AZ] [IA] | [AR] [KS] | [CA] [KY] | [CO] | [CT] [ME] | [DE] [MD] | [[MA] | [MI] | [GA] [MN] | [HI] [MS] | [ID] [MO] |
| (Check | "All States" or [AK] | check indivi | [AR] | [CA] | [CO] | [CT] | [DE] | | | [GA] | [HI] | [ID] |

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE | OF PROCEEDS | |
|----|---|-----------------------------|---|
| Ι. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | | \$_1,000,000.22 |
| | Equity | \$ | \$ |
| | Common Preferred | | |
| | Convertible Securities (including warrants) | \$ | \$ |
| • | Partnership Interests | \$ | \$ |
| | Other (Specify) | \$ | \$ |
| | Total | \$_1,100,000.00 | \$_1,000,000.22 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | | Number Investors | Aggregate Dollar Amount of Purchase |
| | Accredited investors | 7 | \$ <u>1,000,000.22</u> |
| | Non-accredited Investors | | \$ |
| | Total (for filings under Rule 504 only) | N/A | \$N/A |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | |
| | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | • | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$ |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | \boxtimes | \$ 25,000.00 |
| | Accounting Fees | | \$ |
| | Engineering Fees | | \$ |
| | Sales Commissions (specify finders' fees separately) | | \$ |
| | Other Expenses (identify) | | \$ |
| | Total | \boxtimes | \$ 25,000.00 |
| | | | |

| | C. OFFERING | PRICE, NUMB | ER OF INVESTORS, EXPENSES AND | USE OF PROCEEDS | <u> </u> | |
|--------------|--|---|---|--|--|--|
| , | b. Enter the difference between the aggregat total expenses furnished in response to Part C proceeds to the issuer." | C - Question 4.a. | This difference is the "adjusted gross | ı | \$ 1,075,000.00 | |
| | Indicate below the amount of the adjusted gro the purposes shown. If the amount for any pu left of the estimate. The total of the payment forth in response to Part C - Question 4.b abo | rpose is not know s listed must equ | n, furnish an estimate and check the box to | he | | |
| | | | | Payments to Officers, Directors & Affiliates | Payments To Others | |
| | Salaries and fees | ····· | | □ \$ | \$ | |
| | Purchase of real estate | | | □ s | □ s | |
| | Purchase, rental or leasing and installation o | f machinery and | equipment | □ s | s | |
| | Construction or leasing of plant buildings an | | | | | |
| | Acquisition of other businesses (including thused in exchange for the assets or securities | ie value of securi | ties involved in this offering that may be | | | |
| | Repayment of indebtedness | | | | □ \$ | |
| | Working capital | | | | \$ 1,075,000.00 | |
| | Other (specify): | | | | | |
| | | | | | | |
| | Column Totals | *************************************** | | L \$ | ⊠ \$ 1,075,000.00 | |
| | Total Payments Listed (column totals a | dded) | ······································ | | | |
| | | D. | FEDERAL SIGNATURE | | | |
| nder ccre | ssuer has duly caused this notice to be signed by taking by the issuer to furnish the U.S. Securiti dited investor pursuant to paragraph (b)(2) of R | es and Exchange ule 502. | Commission, upon written request of its staff | the information furnished | g signature constitutes a by the issuer to any no | |
| SSUE | er (Print or Type) | Signature | | ate ecober 18 2006 | | |
| wdE | leidae Inc | | <u> </u> | 100001 1 3 2000 | | |
| | oridge, Inc. e of Signer (Print or Type) | Title of Sign | er (Print or Type) | | | |